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THE MEDICAL FEE.

BY ARTHUR C. HEFFENGER, M.D.

THE publicity given to the occasional large fees which have been received by physicians and surgeons during recent years in America has aroused acute public interest, and brought forth from time to time ill-judged criticism. It is the object of this paper to show that the medical profession really gets no more than it conscientiously earns, and that the laity pays no more than its just obligation.

Large fees are few and far between, and are paid by the wealthy, often as gratuities. It is a fact that these same fees are no larger to-day than those paid in England, and sometimes in Russia, a century ago.

Who shall say what a man may do in gratitude for a life saved? The value of the service rendered, if measured in dollars, would depend upon the commercial value of the life, or its value in other respects to the community or country or even the world.

The American Medical Association, our highest medical authority, has never attempted to establish an ethical fee. In point of fact, the fee evolves itself, and ever has been and ever will be a graded one. The great bulk of practice is practically charity—that is, it represents small fees or no fees. This is true alike in the remote country districts, and in the great metropolitan centres. There is one difference, however, which should be distinctly remembered, and that is that rural charity is generally deserved, whereas urban charity is often misplaced. It is stated that practically thirty-three per cent. of the entire practice of New York City is charity, and that in a third of such cases the doctor is imposed upon.

In view of these facts, and considering that few physicians die rich, can it be said that the doctor is overpaid?

The fee of the general practitioner is inevitably determined by the financial standing of the community in which he practises, and the law of nature and economics will, as a rule, put the right man in the right place. It naturally follows that the best equipped men gravitate to the centres which appreciate and demand high standards, and expect to pay commensurately for them. Among these able-to-pay people, however, there is an occasional protest, and insinuation that the doctor is commercial and mercenary, exacting fees beyond the value of his professional service. A pertinent case of this kind is cited by Dr. John L. Hildreth of Massachusetts, in the Annual Discourse before the Massachusetts Medical Society in June, 1906, as follows: "A New York surgeon asked \$1,000 for an operation for removing an appendix. The mother of the patient offered \$600; but the surgeon protested, cited testimony of brother physicians to prove that the fee was not excessive, and finally received the balance. The letter which enclosed the last check was as follows: 'My discussion with you has been a friendly one, and so you will not, I am sure, suspect me of acrimony when I say that my feeling about the present excessive charge of surgeons is a general one, and the reflection of a sentiment that is everywhere one of surprise and dissatisfaction. We do not question your ability, but we feel you make us pay too dear for it.'"

This lady wrote under sincere conviction that she had been grossly overcharged, and she gave the impression that the surgeon used his professional skill as a mercenary lever to extort unearned dollars from his patient's purse. She did not plead financial inability to pay the bill, which was simply at the rate current in her locality and sphere; and she seemed oblivious to the fact that the surgeon who operated had unquestionably performed many difficult operations upon charitable subjects, aggregating thousands of dollars in value, to render himself proficient, gain prominence in his profession, and thus prove his qualifications to meet the demands of just such people. The surgeon is not the kind of man this complaint would make the world believe him. He is the hardest-worked and most unselfish of men; ever ready to do charity, night and day, and bestowing the same devoted skill and attention upon the suffering poor as upon the rich. A quotation from "The Making of a Man" well illustrates this: "The great French surgeon, M. Bourdon, was sent for one

day to perform a critical operation upon Cardinal Du Bois, the Prime Minister under the old Monarchy. 'You must not expect, sir,' remarked the Cardinal upon the surgeon's entrance, 'to treat me in the same rough manner in which you treat the poor miserable wretches at your hospital of the Hôtel Dieu.' 'My lord,' replied Bourdon, proudly, 'every one of those miserable wretches, as Your Eminence is pleased to call them, is a Prime Minister in my eyes.'

The possession of great wealth undoubtedly carries with it heavy obligations, and every man should expect to pay according to his ability. The legal fee is graded according to the sum involved, or the value of the liberty or life jeopardized. Why should not the same principle obtain in medicine?

One of our foremost American surgeons has said:

"The fixing of a fee correctly is a talent which is either born in a man, or only learned after long experience. The doctor should endeavor to ascertain the patient's circumstances. He can thus be in a position, knowing as he does the gravity of the operation or its triviality, to say what the operation is worth to the patient. The doctor is necessarily the better judge of the two, as he can tell fairly well the value of both these factors, while the patient cannot be well trusted to estimate the severity of an operation about which he is, and must remain, more or less ignorant. When we see what the prices are in other callings, such as law and business, I think we can safely conclude that the profession as a whole is not overpaid. I think there are in every city men who take a purely commercial view of their work, who make work, and do other unprofessional acts, but they get found out sooner or later, and get their pay in kind."

There is practically little difference in the size of the fees asked by the same class of men in England and America. The usual chamber consultation fee in London is two guineas, and capital operations cost from twenty guineas to the thousands, according to the gravity of the case and the circumstances of the patient. Consultation on the Riviera, which necessitates several days of absence, is usually four hundred guineas.

Office consultation in our large cities ranges from five to twenty dollars. Consultations out of the cities involving an absence of half a day range from one hundred to two hundred dollars, while an absence of a day or two would justify a charge of five hundred or a thousand dollars.

A wealthy railroad magnate, having lost one daughter in child-

birth, when his second was approaching accouchement, engaged an obstetrical specialist to remain with her for a period before the event, and until it was successfully over. He was to receive a hundred dollars a day while waiting, and a thousand for the accouchement. He waited patiently two months, and at the conclusion of the case received a fee of seven thousand dollars. The father of the lady was most anxious that nothing ill should befall his daughter, and determined to have the services of as good a man as could be obtained for as long a time as necessary. He got what he wanted, and the fee paid was certainly not excessive under the circumstances.

The care of a polo-player's fractured finger netted a New York surgeon one thousand dollars; while the removal of an appendix located on the left side by a surgeon of the same city, brought the tidy sum of fifteen thousand dollars. Neither bill was excessive under the circumstances. The polo-player was very wealthy; he desired a good finger and sought the services of an exceptionally well qualified man to care for it. The appendix case was a very unusual one; exceptional skill was required to find the aberrant organ, and the brilliant success of the operation made it worth the money to the patient, who was amply able to pay for it.

The twenty-five-thousand-dollar bill rendered to the estate of a late millionaire for a week's devoted professional services by a physician who travelled hundreds of miles and left a most lucrative practice to give them, was not excessive. Had the patient lived, he would undoubtedly have sent his check to this devoted friend and physician for an equal amount. Such gratuities are not infrequent. A Boston surgeon, a few years ago, performed laparotomy on the wife of a wealthy man, and, before he could send a bill, a check for ten thousand dollars was received.

The largest fee of this nature that has come within my knowledge was received by a family physician of New York, who attended a patient in a yacht from New York to a port in one of our Southern States, a voyage of about a week's duration. The patient, who was in the last stages of tuberculosis, died as they arrived in port. For his tender care and kindly ministrations, the doctor received a check for sixty thousand dollars.

There are a few men in every profession who sully the ranks to which they belong by resorting to methods that are unworthy

and ignoble; but such men are held in obloquy by their confrères, and are soon estimated at their true value by the community. These men are truly commercial and devoid of either professional or personal honor. They magnify trivial ailments, or convince patients that they have ills which do not exist, in order that they may get credit for performing remarkable cures, charge large fees, and gain unmerited reputation. This is pure quackery, though done under the cloak of regular practice, and the culprits are not confined to the lesser lights of the profession, but may be found among the most fashionable practitioners in metropolitan centres. They are often specialists, and, to get patients, are willing to resort to collusion with general practitioners, who, envious of the large fees they think the specialist gets, openly demand, before referring a patient, a division of the consulting or operating fee. Language is not strong enough to condemn such nefarious methods, and, happily, incidents of the kind are rare.

The general practitioner is the nearest man to the people, and his relations to the family are as intimate, and faith in him so implicit, it naturally occurs that he is asked to select the consultant when needed; and, as a rule, he may be relied upon to serve his patient's interest faithfully. Certainly he is a much safer guide than the lay friend who always knows just the man to go to.

Dr. Robert T. Morris, of New York, would settle the division of the fee on moral grounds. He says:

"If it is worth ten thousand dollars to a man to have his gall stones removed, there is no doubt that the physician who carries the patient through convalescence to final recovery, the anæsthetist who gives the luxury and safety of modern anæsthesia, the assistants who are chosen because of special fitness for the work, should all share in receiving dignified compensation for their services. There is only one little point to be observed, and that is that the whole transaction must be made with the knowledge of the patient. Otherwise, we are guilty of collusion. The physician is a friend to the patient, and does not look upon the latter as his prey. Even among lawyers I find the same spirit prevailing, Horace Greeley to the contrary notwithstanding."

The large fees received by famous medical men in later life will be generally found to follow many years of ill-requited toil. The lives of Professor Samuel D. Gross, of America, and Sir Astley Cooper and Sir James Paget, of England, illustrate this.

Professor Gross as a young man practised in Easton, Pennsylvania, where he received fifty cents for a visit, and for out-of-town calls from one to two dollars. The consultation fee was five dollars for the first, and one dollar for each subsequent, visit.

After some years of this discouraging work, he was called to Cincinnati, Ohio, to become demonstrator of anatomy in the Medical College of Ohio. This position would naturally give him prominence in the city and State, and yet for some time he received only one dollar for local visits, and five dollars for consultations. He remained in Cincinnati seven years, and finally succeeded in building up a practice, mostly consulting, which netted him nine thousand dollars during the last year of his residence there. He then went to the University of Louisville to teach; and, his abilities gaining recognition, he had succeeded, by the time he left there in 1856, in accumulating sixty thousand dollars. His practice in Philadelphia, where he reached his zenith, was large and lucrative. His highest fee, two thousand dollars, was received in 1865 for visiting a planter in Alabama. Subsequently he received one thousand dollars for a trip to northern Alabama, involving a week's absence. His largest operating fee was one thousand dollars in a case of neuralgia. For his professorships he received, up to 1870, one hundred and ten thousand dollars, and for books eighteen thousand.

Dr. Gross was prominent in the profession of his day, a bold and skilful operator, an able and successful author, with an international reputation, and yet his largest operating fee was only a thousand dollars. Surely no one can say this great man was overpaid.

In the history of the life of Sir Astley Cooper, the celebrated surgeon of Guy's Hospital, London, it may be seen that he had an even harder struggle during the greater part of his professional life. He says:

"My receipts for the first year were five guineas; the second, £26; the third, £64; the fourth, £96; the fifth, £100; the sixth, £200; the seventh, £400; the eighth, £610; the ninth [the year he was appointed surgeon to the hospital], £1,100; although I was a lecturer all the time on anatomy and surgery."

In the year 1813, he performed lithotomy upon a Mr. Hyatt, a West Indian merchant, for which he was paid the largest fee ever

received up to that time for the operation. There were two physicians attending the case, and each received £300. After they had been paid and had taken their departure, Dr. Cooper visited the patient to felicitate him upon his fine recovery and bid him farewell. As he was leaving, Mr. Hyatt, it is said, took off his nightcap and threw it at the doctor, playfully saying, "There, young man, put that into your pocket." Sir Astley took out a piece of paper, and threw the nightcap back, with the remark that he could not rob Mr. Hyatt of so useful an article. The paper proved to be a check for one thousand guineas. It is related, among other eccentricities of this West Indian merchant, that one day, when his physician, Dr. Dobson, was hurriedly responding to a call from him, the physician fell and injured a knee in the sight of his patient. Mr. Hyatt immediately went to the assistance of the Doctor, saying, "Dobson, I have here the best plaster in the world for a bruised knee," whereupon he drew out a £100 bank-note and plastered it upon the injured knee.

Sir James Paget, in his *Memoirs and Letters*, says, "If I had died before I was forty-seven, I should have left my wife and children in extreme poverty; if I had died or become unfit for hard work before I was sixty, they would have been very poor." And this notwithstanding the fact that he worked hard sixteen hours a day, six days a week, and travelled from five to eight thousand miles in a year. His yearly income, till he had been a surgeon sixteen years, did not exceed £100. After this, it grew to £700, and gradually increased until it exceeded £10,000, falling at once to about £7,000 when he gave up operating. Thus it is seen that this famous English surgeon did not begin to receive large fees until after he was sixty, though immediately afterward he had the most lucrative practice in the United Kingdom.

The surgeon of the present day, as a rule, commands higher fees than the physician, but a hundred years ago the order was reversed.

As it has been the surgeon's fee which has evoked most criticism, this paper would not be complete did it not convey to the public some idea of the qualifications necessary to make a skilful and successful operator. To be competent to perform the varied and difficult feats of modern surgery, which ameliorate desperate conditions, cure heretofore hopeless diseases, and save hosts of valuable lives, the surgeon must be an uncommon type of man.

A surgeon is born, not made. The quick, accurate and decisive mental analysis and deft handicraft which characterize the truly great surgeon are God-given attributes. Education and training may produce a fairly good imitation, but the true ring of the precious metal is lacking, and in trying situations the dross will show. He must bring to his life's work a master passion, which impels him ever onward, and dominates his thoughts and actions. In his mind should be a master-key that will unlock every door that bars his progress, every door that shuts out the view to the next step in a difficult operation. His clear-cut thought and unerring action open all before him in every case, and at all stages of a case, and at critical moments, when life or death wavers in the balance, his fine decision turns the scale in favor of the patient, and a precious life is saved.

To fully develop his natural gifts, he must have a liberal classical education, as well as a thorough professional one, and this entails years of student life with heavy financial outlay.

Are not the services of such a man without price?

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